

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39429

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City ..... (d) Street No. **3913 COTE BRILLIANTE** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. **UNKNOWN** (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **10416**2. PRINT FULL NAME **PAULINA PALERMO**

(a) Residence, No. **3913 COTE BRILLIANTE** St. **11**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **ROCCO PALERMO**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 2, 1862**

7. AGE YEARS **75** MONTHS **5** DAYS **5** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **HOUSEWIFE**  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ITALY**

13. NAME **ANTHONY RIZZO**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ITALY**

15. MAIDEN NAME **FRANCES MAIERANA**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ITALY**

17. INFORMANT **SANTA PALERMO**  
(ADDRESS) **3913 COTE BRILLIANTE**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **CALVARY CEMETERY** DATE **NOV. 10, 1937**

19. FUNERAL DIRECTOR **J. J. Bredeck**  
(ADDRESS) **2228 St. Louis ave**

20. FILED **NOV 9 1937** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/7/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **10-31**, 19**37**, to **11-7**, 19**37**

I last saw her alive on **11-7**, 19**37** Death is said to have occurred on the date stated above, at **8:15** pm.

The principal cause of death and related causes of importance were as follows:

**Chr. Myocarditis**  
**Pneumonia Bronchial** Date of onset **10-30-37**

Other contributory causes of importance:

**senility**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **J. J. Bredeck**, M. D.(Address) **3861 St. Louis ave.**

WAR 13 1953

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart, Licensed Embalmer No. 2777,  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Charles Goodhart  
Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)